

File with:
Secretary of State
State Capitol, 7th Floor
1700 W. Washington Street
Phoenix, AZ 85007-2808

Attn: Election Services Division

ARIZONA
PRINCIPAL/ PUBLIC BODY
REGISTRATION AMENDMENT
SCHEDULE B
A.R.S. § 41-1232 (C)
CHANGE LIST OF AUTHORIZED LOBBYISTS
OR AUTHORIZED PUBLIC LOBBYISTS

****THIS DOCUMENT MUST
BE SIGNED BY THE
DESIGNATED LOBBYIST
AND NOTARIZED. PLEASE
SEE REVERSE SIDE.**

NAME OF PRINCIPAL / PUBLIC BODY

PRINCIPAL / PUBLIC BODY ID #

☐ **ADD THE FOLLOWING:**

****SEE REVERSE SIDE FOR SPACE TO REMOVE AUTHORIZED LOBBYIST OR AUTHORIZED PUBLIC LOBBYIST FROM REGISTRATION.**

NAME OF AUTHORIZED LOBBYIST OR AUTHORIZED PUBLIC LOBBYIST:	BUSINESS TELEPHONE #	BUSINESS FAX #
BUSINESS ADDRESS	CITY	STATE
ZIP CODE		
DESCRIPTION OF EXPENSES* (Check all that apply) <input type="checkbox"/> Meals <input type="checkbox"/> Travel <input type="checkbox"/> Lodging <input type="checkbox"/> Out Of Pocket Expenses <input type="checkbox"/> Other (Please Describe) _____		

NAME OF AUTHORIZED LOBBYIST OR AUTHORIZED PUBLIC LOBBYIST:	BUSINESS TELEPHONE #	FAX #
BUSINESS ADDRESS	CITY	STATE
ZIP CODE		
DESCRIPTION OF EXPENSES* (Check all that apply) <input type="checkbox"/> Meals <input type="checkbox"/> Travel <input type="checkbox"/> Lodging <input type="checkbox"/> Out Of Pocket Expenses <input type="checkbox"/> Other (Please Describe) _____		

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DESCRIPTION OF EXPENSES* (Check all that apply) <input type="checkbox"/> Meals <input type="checkbox"/> Travel <input type="checkbox"/> Lodging <input type="checkbox"/> Out Of Pocket Expenses <input type="checkbox"/> Other (Please Describe) _____		

***Description of the expenses for which each lobbyist for compensation is to be reimbursed by the principal.**

CHANGE TO SCHEDULE B

NAME OF PRINCIPAL OR PUBLIC BODY

PRINCIPAL OR PUBLIC BODY ID #

☐ REMOVE THE FOLLOWING:

NAME OF AUTHORIZED LOBBYIST OR AUTHORIZED PUBLIC LOBBYIST:	LOBBYIST ID #:
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STATE OF _____)
COUNTY OF _____) ss

I, the undersigned, being duly sworn state that this Principal **Schedule B** Amendment is complete, and that to the best of my knowledge and belief the information above is true and correct.

Signature of Designated Lobbyist / Designated Public Lobbyist

SUBSCRIBED AND SWORN TO (Affirmed) before me on _____
Date

My Commission Expires

Notary Public